

RECEIVED  
CENTRAL FAX CENTER

NOV 16 2006

<b>TRANSMITTAL</b>																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Docket No.:</td> <td>X TAX-P001US3</td> <td style="width: 10%;">Total Pages:</td> <td>3</td> </tr> <tr> <td colspan="4">Application No.: 10/608,661</td> </tr> <tr> <td colspan="4">Filing Date: 06/27/2003</td> </tr> <tr> <td colspan="4">First Named Inventor: Mark Albrecht</td> </tr> <tr> <td colspan="4">Art Unit: 3627</td> </tr> <tr> <td colspan="4">Examiner Name:</td> </tr> </table>		Docket No.:	X TAX-P001US3	Total Pages:	3	Application No.: 10/608,661				Filing Date: 06/27/2003				First Named Inventor: Mark Albrecht				Art Unit: 3627				Examiner Name:			
Docket No.:	X TAX-P001US3	Total Pages:	3																						
Application No.: 10/608,661																									
Filing Date: 06/27/2003																									
First Named Inventor: Mark Albrecht																									
Art Unit: 3627																									
Examiner Name:																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">ITEMS INCLUDED:</td> <td style="width: 50%;">ADDRESS TO:</td> </tr> <tr> <td></td> <td> <input checked="" type="checkbox"/> Mail Stop Amendment            Commissioner for Patents            P. O. Box 1450            Alexandria, VA 22313-1450         </td> </tr> </table>		ITEMS INCLUDED:	ADDRESS TO:		<input checked="" type="checkbox"/> Mail Stop Amendment Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450																				
ITEMS INCLUDED:	ADDRESS TO:																								
	<input checked="" type="checkbox"/> Mail Stop Amendment Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450																								
<p>1. <input type="checkbox"/> Response to  <input type="checkbox"/> After Final.</p> <p>2. <input type="checkbox"/> Extension of Time Request. Applicant(s) hereby requests under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application. The requested extension is ; accordingly the appropriate non-small-entity fee is (\$ .00).  <input type="checkbox"/> Applicant(s) claim(s) small entity status. See 37 CFR 1.27. Therefore, this fee amount for the extension is reduced by one-half, i.e., (\$ .00).</p> <p>3. <input type="checkbox"/> Substitute Specification.</p> <p>4. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449.  <input type="checkbox"/> Copies of IDS citations.</p> <p>5. <input type="checkbox"/> Drawing(s) (35 USC 113) (Total Sheets: )  <input type="checkbox"/> Informal, for approval of changes <input type="checkbox"/> Formal</p> <p>6. <input type="checkbox"/> Excess claim fees:  <b>Total Claims      Extra Claims      Fee (\$)</b>  <math display="block">-20 \text{ or HP} = \text{ } \times \frac{25}{100}</math>            HP = highest number of total claims paid for, if greater than 20  <b>Multiple Dependent Claims</b>  <b>Fee (\$)</b>      <b>Fee Paid (\$)</b>  <math display="block">\text{ } \times \frac{180}{100}</math> </p> <p>Indep. Claims      Extra Claims      Fee (\$)</p> $-3 \text{ or HP} = \text{ } \times \frac{100}{100}$ <p>HP = highest number of independent claims paid for, if greater than 3.</p>																									
<p>7. <input type="checkbox"/> Other Fees:</p> <p>8. <input type="checkbox"/> A check in the amount of the above-noted fees is enclosed.</p> <p>9. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p>10. <input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number ( ). A duplicate copy of this sheet is enclosed for this purpose.</p> <p>11. <input type="checkbox"/> Other Enclosure(s):</p> <p>12. <input checked="" type="checkbox"/> Remarks: The Information Disclosure Statement herewith is being filed after three months of the filing date of this application but before the mailing date of the first Office Action on the merits. Accordingly, it is believed that no fees are due in connection with the filing of this Information Disclosure Statement.</p>																									

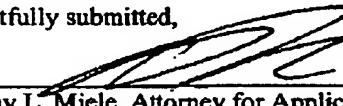
**TRANSMITTAL**  
(Executed Attachment to Page 1)**Page 2**

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	
Signature	
Typed or printed name Anthony L. Miele	Date <u>11/16/06</u>

Dated: 11/16/06

Respectfully submitted,

By:



Anthony L. Miele, Attorney for Applicant(s)  
Registration Number 34,393  
Customer Number 000050048  
Miele Law Group  
2 Summer Street, Suite 306, Natick, MA 01760  
Phone: 508-315-3677 Fax: 508-319-3001

D153262 MLG Form 0/05

Page 2 of 2

**RECEIVED  
CENTRAL FAX CENTER**

**NOV 16 2006**

PFO/SB/08d (08-03)

Approved for use through 06/30/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>Substitute for Form 1449</b>			Application Number	10/608,651	
<b>Information Disclosure Statement By Applicant</b>			Filing Date	06/27/2003	
			First Named Inventor	Mark Albrecht	
			Art Unit	3627	
			Examiner Name		
Sheet 1 of 1			Attorney Docket No.	XTAX-P001US3	
<b>U.S. PATENT DOCUMENTS</b>					
Examiner Initials*	Cite No.	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		US-2004/0216057	10/28/2004	Wyle et al.	
		US-2004/0225581	11/11/2004	Wyle et al.	
		US-2004/0243626	12/02/2004	Wyle et al.	
</					